

## LYMPHOCYTOSIS – GP REFERRAL GUIDELINES

### Introduction

Lymphocytosis is defined as a lymphocyte count  $> 4 \times 10^9/l$ . A transient, reactive lymphocytosis is frequently seen in acute viral infection, particularly infectious mononucleosis. Chronic lymphocytosis is characteristic of chronic lymphocytic leukaemia (CLL), the incidence of which peaks between 60 and 80 years of age. In its early stages this condition is frequently asymptomatic with treatment only being required on significant progression.

### The following should be referred urgently for outpatient assessment:

- Lymphocytosis in association with:
  - anaemia, thrombocytopenia or neutropenia
  - splenomegaly
  - painful or progressive lymphadenopathy
  - B symptoms (weight loss  $>10\%$ , soaking sweats, unexplained fever)
- Lymphocytosis in excess of  $20 \times 10^9/l$

### Appropriate investigation in primary care for patients with lymphocyte count $> 5 \times 10^9/l$ not meeting criteria for urgent referral:

- Glandular fever screen, if appropriate
- Repeat FBC in 4-6 weeks: if lymphocytosis persists, a blood film will be normally reviewed by a Consultant Haematologist with a comment suggesting further action (e.g. "Please, refer, if clinically appropriate", "Forwarded for immunophenotyping" e.t.c)

### Referral for specialist opinion should be considered for:

- Persisting lymphocytosis  $> 5 \times 10^9/l$  not fulfilling criteria for urgent referral (please, discuss with a Haematologist)